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PTO/SB/22 (07-06)

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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005</b> (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 023004.0104N3US	
Application Number 10/759,841-Conf. #8757		Filed January 15, 2004	
For <b>SYNTHETIC GENES AND GENETIC CONSTRUCTS</b>			
Art Unit 1635		Examiner B. A. Whiteman	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	Fee \$120	Small Entity Fee \$60 \$
<input checked="" type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$450	\$225 \$ 450.00
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1020	\$510 \$
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1590	\$795 \$
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080 \$
<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/>	A check in the amount of the fee is enclosed.		
<input checked="" type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/>	The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/>	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-2228</u>		
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>52,698</u>			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____			
<u>Kellie L. Carden</u> Signature		<u>October 31, 2006</u> Date	
<u>Kellie L. Carden</u> Typed or printed name		<u>(703) 744-7919</u> Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/>	Total of <u>1</u> forms are submitted.		

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